

PRINT ORDER

You are hereby authorized to manufacture and ship the following described product in accordance with the purchase order and specifications indicated.

DEPARTMENT		REQ. NO.		DATE		PURCHASE ORDER NO.		PRINT ORDER NO.	
CONTRACTOR (757) 825-8866 Jim Sidebottom				JACKET NO.		ESTIMATED COST		SHIP/DEL DATE	
TITLE				OBJECT CLASS		STATE CODE		CONTR'S CODE	
PROOFS		SETS		DATE DUE TO GOV'T		DAYS GOV'T WILL HOLD		RETURN DATE TO CONTR.	
Galley									
Page									
Slugs									
MATERIAL FURNISHED TO CONTRACTOR				APPROPRIATION CHARGEABLE				BILLING ADDRESS CODE (BAC)	
Manuscript				Line Illus.				Camera Copy	
Halftones				Negatives				Binders	
Other									
TEXT STOCK				COVER STOCK				NO. OF TEXT PAGES (including blanks)	
FOUR COLOR PROCESS PRNTG.				INK				COVER PRINTS	
Cover 1 2 3 4 Text				Cover Text				1 2 3 4	
1 ULC				Sew				Band in Units of	
Saddle				Trim 4 Sides				Shrink Film Wrap	
Side				Perf. on Fold				Units of	
Perfect				Adhesive Strip				Other	
BINDING				Drill				Round Holes	
				Center holes				" in diameter on " side inches c. to c.	
				Pads of				sheets/sets each. Pad on the side. Chipboard required.	
				Pack				per shipping container. <input type="checkbox"/> Pallets required	
DISTRIBUTION				RETURN NEGS TO GPO FOR STORAGE				NO <input type="checkbox"/> YES <input type="checkbox"/>	

RETURN ORIG. AND/OR NEGS. TO:

DEPARTMENTAL AUTHORITY (signature and title)		PURCHASE OBLIGATION		DATE SENT TO CONTRACTOR	
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CONTRACTOR TO COMPLETE BOTTOM PORTION AND MAIL ENTIRE FORM TO: COMPTROLLER-FME, FINANCIAL MANAGEMENT SERVICE, U.S. GOVERNMENT PRINTING OFFICE, WASHINGTON, DC 20401

Contractor Invoice No. _____ Date Prepared _____

Date of Delivery/Shipment _____ Discount Terms _____

ARTICLES OR SERVICES	QUANTITY	COST	UNIT PRICE PER	AMOUNT
IF ADDITIONAL SPACE IS REQUIRED USE STD FORM 1034, 1035, OR ATTACH YOUR INVOICE			TOTAL	

I CERTIFY THAT THE MATERIALS, GOODS, OR SERVICES HAVE BEEN DELIVERED/SHIPPED ON THE DATE INDICATED ABOVE, AND THAT PAYMENT OR CREDIT HAS NOT BEEN RECEIVED.